ISDH 2003 Hospital Service Report

(Annual Report under Indiana Code 16-21-6)

Lutheran Hospital of Indiana

City: Fort Wayne County: Allen Year: 2003

Provider Type: General Acute

I. Inpatient Care				
Hospital Service Description				Average Charge Per Discharge
Burn Care	0	0	0	\$0
Cardiac Intensive	48	2,088	15,047	\$9,222
ICU Med/Surg	22	340	6,843	\$28,724
ICU Neonatal	22	299	6,240	\$27,129
ICU Pediatric	6	164	1,177	\$9,550
Medical/Surgical	178	11,972	52,122	\$2,489
Neonatal Intermed	0	0	0	\$0
Obstetrics	26	1,785	4,641	\$1,787
Pediatric	28	1,050	2,836	\$1,694
Calaute	20	1,050	2,030	Ψ1,074

Psychiatric	13	350	4,574	\$16,868
Rehabilitation	0	0	0	\$0
Substance Abuse	0	0	0	\$0
Swing Beds	NA	0	0	\$0
Other Services	0	0	0	NA
Acute Subtotal	343	18,048	93,480	NA
Normal Newborn	22	1,506	3,255	\$813

II. Outpatient Visits					
Circulatory System	6,445	Digestive System	6,682		
Endocrine System	7,307	Injuries and Poison	9,484		
Mental Disorder	1,382	Musculoskeletal	7,228		
Neoplasms	6,859	Nervous	3,460		
Respiratory	6,469	Urinary	5,529		
Other/Unknown	125,561	Total Visits	186,406		
Number of Visits to Emer	30,964				
Percent of Emergency Department Visits of Total Visits			16.6%		

Identification of Hospital Services

Each hospital has identified if it has one or more of a standard list of 41 services. This list of services is updated annually by each hospital from the information initially requested by the Centers for Medicare & Medicaid Services when the hospital was initially certified for Medicare payment.

Y - Acute Renal Dialysis	N - Alcohol/Drug Service	Y - Anesthesia Services
Y - Blood Bank	N - Burn Care Unit	N - Chiropractric Service
Y - Coronary Care Unit	Y - Dental Services	Y - Dietetic Services
Y - Emergency Service	N - Home Care Program	Y - Hospice
Y - Inpatient Surgical Services	Y - Intensive Care Unit	Y - Laboratory(Clinical)
Y - Laboratory(Anatomical)	N - Long Term Care Unit	Y - Neonatal Nursery
Y - Nuclear Medicine Services	Y - Obstetrics Services	
Y - Occupational Therapy	Y - Open Heart Surgery	Y - Operating Room
N - Optometric Service	Y - Organ Bank	Y - Organ Transplant
Y - Outpatient Service	Y - Outpatient Surgery Unit	Y - Pediatric Services
Y - Pharmacy	Y - Physical Therapy	Y - Postoperative Recovery
Y - Psychiatric Services	Y - Radiology(Diagnostic)	Y - Radiology(Therapeutic)
Y - Rehabilitation Services	Y - Respiratory Services	N - Self Care Unit
N - Shock Trauma	Y - Social Services	Y - Speech Pathology

NA =	Not applicable	NMF =	No meaningful figure	NR =	Not reported

Health Care Regulatory Services

2003 Hospital Services Main Page